stronger partnership between psychiatry and general medicine, instead of exploiting and reinforcing negative stereotypes of the Asylum in the name of the clinic, he appears to address the stereotypes out of a sincere desire to redress the human suffering they at once refer to, help to create, and perpetuate. The difference in tone is palpable, as when he regrets the persistence of the common prejudice, that "when a patient is admitted to the hospital for the insane ... he need hope for nothing in the way of sympathy or kindness" (162). Despite the legal prohibition against restraint, female as well as male nurses still recommend themselves on the basis of physical strength. Many people still believe that "if a man was once admitted to the asylum, this was the end; he never came out again" (164). Instead of exploiting such mistaken beliefs and slyly reinforcing them, Clare appeals for education to dispel them. "Teach the people that the hospitals are for the care and treatment of these people," Clare urges:

> Our ideal is that we shall have a voluntary admission system, that our hospitals shall be the poor man's sanatorium, that we shall get the incipient cases, that we shall gain the confidence of the people, and in this way be of more use to them. (167)

Clarke urged a rapprochement between psychiatry and general medicine principally by abandoning a significant patient population, and by slyly if not subtly reinforcing certain stereotypes in order to distance himself and his enterprises from them. In a certain sense Clarke's "clinic" was not for them. Yet despite his apparent concern for middle-class sensitivities, Clarke could be callous in practice. One Rev. Burns (admitted in November of 1914), suffering from depression and eventually diagnosed with a variety of dementia praecox, was visited a few days before his committal by Dr. Clarke, when he was Superintendent of the Toronto General Hospital. While Clarke got the man to agree to come to Toronto to be treated at the Hospital, he secretly made other arrangements with the man's wife. Dr. Williams (an Asylum doctor) writes, one wonders with what understatement, that on the day of his committal Rev. Burns did not want to go and that "it was necessary for them to use a little force to persuade him." According to Rev. Burns himself, just before the train started his wife told him "that they were bringing him to the Toronto Hospital for the Insane." "Agitated and excited," Rev. Burns tried several times to jump off the moving train. A few days later, before being taken from the General Hospital to the Asylum, he tried to commit suicide, "by cutting the radial artery